CASTLE MEDICAL CENTER

cc: [redacted], M.D.

DATE OF ADMISSION: 08/14/2002

CHIEF COMPLAINT: Cardiovascular collapse.

HISTORY OF PRESENT ILLNESS: This is a 43-year-old Japanese national who was on a boat tour with a type of SNUBA gear and she was at 15 feet, walking on the bottom of the ocean. She began to have some difficulty walking and she tried to climb back up the ladder and seemed to have difficulty with that requiring some assistance. When she first came out of the water, she had become unresponsive, coughed some bloody material and was pulled into the boat. A fireman who was apparently a tourist started CPR when he noticed that she was without a pulse. 911 was called and the EMT's noticed asystole and intubated the patient. She seemed to respond to epinephrine and Atropine and had a sinus rhythm. She seemed to also try to pull her endotracheal tube out. After this, she became less responsive. She seemed to be awake but had no response to stimuli. In the Emergency Room, her Glascow score was 3 initially. Later on, it seemed to improve to grade 7. The patient evidently had no premorbid symptoms and has no medical history and is on no medications. In the Emergency Room, she was noted to have bilateral pulmonary infiltrates and a CT scan of the brain which showed no definite hemorrhage although there was a lite spot in the intercerebellar crease. No definite hemorrhages noted. The patient was placed on a ventilator and admitted.

PAST MEDICAL HISTORY AND SURGICAL HISTORY: Negative according to the husband. The patient is visiting from Japan. She is married. One daughter was present.

REVIEW OF SYSTEMS: Unobtainable.

PHYSICAL EXAMINATION:
VITAL SIGNS The temperature was obtained rectally and was 97.3. Pulse 150 and regular. Respirations by bagging and ventilator through endotracheal tube. Blood pressure was initially 245/100 mmHg and responded to IV Labetolol. Oxygen sat 100% on 100% oxygen
HEAD, EYES, EARS, NOSE AND THROAT: Examination of the head revealed intubation. Eyes opened to slight stimuli but seemed to be non-directive. Pupils were 3+ and slightly reactive and symmetrical. Corneal reflexes absent. Doll's eyes seemed to be normal but questionable. JVP was not distended.

CASTLE MEDICAL CENTER

LUNGS: Clear bilaterally. Tachycardia was noted without murmur.
ABDOMEN: Slightly protuberant but soft.
EXTREMITIES: Extremities reveal no clubbing, cyanosis, pallor or edema. Deep tendon reflexes seemed present at 2+ and equal bilaterally. Babinski reflex was not abnormal.

DIAGNOSTIC/LABORATORY DATA: White count was slightly elevated. Otherwise normal. Electrolytes were normal. PTT was slightly elevated. ABG showed a pH of 7.69 and a p02 which was within normal limits on 100 oxygen and a C02 of 49. The electrolytes were normal, glucose 316, hCG negative.

EKG showed non-specific changes.

IMPRESSION:
1. POSSIBLE ASPIRATION PNEUMONITIS WITH NEAR DROWNING.
2. RULE OUT AIR EMBOLUS.
3. ENCEPHALOPATHY SECONDARY TO HYPOXIA OR AIR EMBOLUS.

PLAN: The patient will be admitted to the Intensive Care Unit and neurological and baro-trauma services will be contacted.

JP/ITMS/mkh Job 61
D: 08/14/2002 163
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P: 08/15/2002 645
Charted:

[redacted], M.D.

Castle Medical Center
Emergency Department Record

Patient Name: UEJOKA, MITSUKO
Medical Record Number: 186800
Account Number: 2865151
Date Seen: 8/14/02

CHIEF COMPLAINT: Code 500.

HISTORY OF PRESENT ILLNESS: The patient is a 43-year-old Japanese national who was out on a boating trip with some type of SNUBA gear where she had the helmet on and went down to a depth of 15 feet and was down underneath the surface of the water for about 5 minutes when she started having apparently some type of episode occurring while at 15 feet depth. She apparently had difficulty walking, difficulty trying to climb back up the ladder, and required assistance by an assistant diver. It sounds that before she ever even got to the surface, she had an episode while at 15 feet depth standing on the bottom of the ocean of having some type of either pulmonary or cardiac event. By the time she surfaced, the boat crew related that she was cyanotic, was without a pulse. One of the boat crew who is a fireman, related that she brought up about 2 cups of water, presumably sea water, when they were resuscitating her, with some frothy-looking material. She was found by EMS to be in asystole. EMS sheet and my discussion with the paramedic revealed that she actually had an episode of asystole, but after epinephrine and atropine, had returned to a sinus rhythm. She was intubated, was not noted to have any gag reflex. Was given succinylcholine and Versed. Subsequent to intubation, it was noted to be a bloody intubation. She had recurrence of spontaneous pulse and occasionally took a breath on her own

PAST MEDICAL HISTORY: Unknown, but according to her family, no history of any known cardiac or pulmonary disease.

FAMILY HISTORY: Unknown.

SOCIAL HISTORY: The patient lives with family. Resides in the Japan area, they are visitors here.

REVIEW OF SYSTEMS: Full review of systems was unobtainable due to the condition of the patient.

EXHIBIT 5

Castle Medical Center
Emergency Department Record

Patient Name: FUKUOKA, MITSUKO
Medical Record Number: 186800
Account Number: 12865151
Date Seen: 8/14/02

PHYSICAL EXAMINATION: Temperature was obtained rectally. Vital Signs: Temperature 97.3 rectally, pulse 150, respirations is by bagging to endotracheal tube, blood pressure 245/100, O2 saturation 100% on 100% oxygen. On arrival, GCS shows eyes 1, verbal 1, motor 1. She is post-sedation. About 10 minutes into the exam, she started to have some occasional withdrawing to pain, and during ED stay later developed into decerebrate posturing with Glasgow Coma Scale 7. Blood gas initially was 6.932.

EXAMINATION:
EYES: Pupils equal and reactive to light. Extraocular movements are intact. Conjunctivae are clear.
HENT: No signs of any head trauma. Pupils are 3 mm initially, but sluggish, later they became nonreactive. The scalp is nontraumatic in appearance and nontender on palpation. The tympanic membranes are normal in appearance. The mucous membranes are found to be pink and moist. The oropharynx is clear.
NECK: On examination, there is no tenderness on palpation, the trachea is midline and without stridor, the neck was taken through a full range of motion and found to be supple with no meningeal signs and there is no thyromegaly palpated.
RESPIRATORY: Chest wall is symmetrical with equal expansion. Good bilateral breath sounds. Rales bilaterally.
CARDIOVASCULAR: On cardiovascular exam, the heart has a regular rhythm. Heart sounds are tachycardic.
GASTROINTESTINAL There are no palpable masses or organomegaly. Soft, without guarding or rebound.
PELVIS: Stable to rock.
EXTREMITIES: Without cyanosis, clubbing or edema. Examination of extremities reveals no signs of any trauma, no ecchymosis, no crepitus, no chest wall crepitus.

INTERPRETATIONS:

EKG: Interpreted by myself, normal sinus rhythm. LVH. ST and T-wave changes but no evidence of acute infarct pattern.

Castle Medical Center
Emergency Department Record

Patient Name: UEJOKA, MITSUKO
Medical Record Number: 186800
Account Number: 2865151
Date Seen: 8/1[illegible]/02

X-RAY: A portable chest x-ray was ordered. Chest x-ray read by radiologist as bilateral infiltrates. Chest x-ray read by radiologist as endotracheal tube at the carina, moderate bilateral infiltrates, gastric distention.

CT SCAN: CT scan of the head was read by the radiologist as no evidence of edema or infarct. There was an area that he was not sure whether it could be a pinpoint area of blood or artifact. When he came to the ER and we discussed it further, he suspected this is more likely artifact.

LABORATORY: Lab tests ordered include: Arterial blood gases, CBC, CPK with MB if elevated, Basic metabolic panel, PT/PTT and troponin I. Qualitative serum hCG obtained. Glucose 320. CO2 33. pO2 211, bicarb 6.8. Second blood gas, pH 7.20, pCO2 49, pO2 88. White count 16 000 with 3 bands, BUN 1.1. HCG negative. CO2 7, glucose 316, potassium 3.7.

ED COURSE: She was given bicarb here. Labetalol was given for control of her blood pressure and pulse. At one point she seemed to desaturate, then her PEEP was increased. When I last reevaluated her, her PEEP was at 10, AC was at 20, volume was at 500.

Case was discussed with [redacted], who admitted the patient to intensive care unit. I also discussed the case with the doctor on call for the hyperbaric chamber. Given her shallow depth, it did not sound to be a case of the bends or air embolism, but the doctor of the hyperbaric chamber did offer his services at the chamber to diagnosis the patient as a possibility once she became more stable for transport. At this point she was not stable for transport. I relayed this information including this doctor's phone number and hyperbaric chamber's phone number, to [redacted]. Family were kept informed of the findings through a translator, and I spoke with them with the chaplain in the family room.

COMMUNICATIONS: Physician communicated with a family member of the patient.

CONSULTATION: Consultation was undertaken with the admitting physician.

Castle Medical Center
Emergency Department Record

Patient Name: UEJOKA, MITSUKO
Medical Record Number: 186800
Account Number: 92865151
Date Seen: 8/14/02

PROCEDURES:

CRITICAL CARE SERVICES: Critical care services were provided for 30 to 74 minutes. The treatment of this patient required direct personal management and the withdrawal of, or failure to initiate these interventions on an urgent basis would likely have resulted in a life-threatening deterioration of the patient's condition. Time spent in the provision of critical care does not include time for procedures.

DIAGNOSES:
1. Status post cardiopulmonary arrest.
2. Drowning.
3. Hypertensive emergency.
4. Metabolic acidosis.

DISPOSITION: The patient was admitted to the hospital.

CONDITION: The patient was in critical condition upon leaving the emergency department.

[redacted], MD

DOD: 8/14/2002 2:01 0913/722:3059584
DOT: 8/14/2002 2:44

CC: 0072[redacted]